



La Salle Online Learning Contract

Duration of contract: 2nd Semester 2020-21

Student Name: _____

Student ID #: _____

We request to have _____ (student's name) attend school online.

We agree to the following expectations:

- My son will login to all classes on time and fully interact with the class and class materials.
- My son will be accountable for completing any homework assigned.
- My son will meet all established deadlines for completion of work.
- My son will have his camera on during class time so as to fully interact with classmates.
- My son will have his microphone off unless answering a question.

Please note: Teachers will be making course materials available in Moodle and will be holding live sessions. Students interacting online need to be comfortable reaching out to the teacher and participating in class; each teacher will establish how this participation will occur.

Parent(s) name: _____

Parent(s) signature: _____

Student signature: _____

*Please return this form to your son's counselor immediately.

<u>Students with last names</u>	<u>Counselor</u>	<u>Email address</u>
A-G	Mrs. Jen Daly	jdaly@lasallehs.net
H-O	Mr. Tom Doerger	tdoerger@lasallehs.net
P-Z	Mr. Zach Schmucker	zschmucker@lasallehs.net